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In The United States Patent and Trademark Office

In re application of: James P. Elia

Group No.: 1646

Serial No.: 09/836,750

Examiner: Elizabeth C. Kemmerer

Filed: April 17, 2001

For: METHOD FOR GROWING MUSCLE IN A HUMAN HEART

MAIL STOP NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail, in an envelope addressed to MAIL STOP NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

OCTOBER 11, 2007
Karen Allen 10/11/2007
Signature Date of Signature

1. Transmitted herewith is an **Amendment** for this application.

2. **Extension of Time**

<u>Extension (months)</u>	<u>Fee for small entity</u>	<u>Fee for non-small entity</u>
One month	\$ 60.00	\$ 120.00
Two months	\$ 225.00	\$ 450.00
Three months	\$ 510.00	\$1,020.00
Four months	\$ 795.00	\$1,590.00
Five months	\$1,080.00	\$2,160.00

a) ☐ An extension is hereby requested for _____ month(s) with a fee of \$_____.

An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____.

OR

b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

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3. Fee for Claims

The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	* 240	Minus	** 259	= 0	X 25 =	\$ 000.00
Indep.	* 30	Minus	** 33	= 0	x 100 =	\$ 000.00
First presentation of multiple dep. Claim					+ 180 =	\$ ---
					Total	\$ 000.00
					Additional fee	\$ 000.00

* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.

** If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

Total additional fees required: \$ _____.

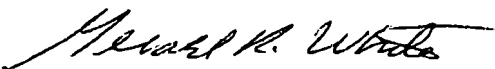
4. Fee Payment

☒ No fee is due.

OR

☐ Attached hereto is Check No. _____ in the amount of \$ _____.

Dated: October 11, 2007



 Signature of attorney

Gerald K. White
 Reg. No.: 26,611

GERALD K. WHITE & ASSOCIATES, P.C.
 205 W. Randolph Street, Suite 835
 Chicago, IL 60606
 Phone: (312) 920-0588
 Fax: (312) 920-0580
 Email: gkwpatlaw@aol.com